

**ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT  
CHILD BORN OUTSIDE OF MARRIAGE  
(FOR USE IN HOSPITAL)**

## SECTION I. CHILD'S INFORMATION

Name of Child - First, Middle, Last (As it appears on birth certificate)		Date of Birth - (Month, Day, Year)
Place of Birth - City, State	Name of Hospital	

Name of Mother - First, Middle, Last			(Maiden Name)		Date of Birth - (Month, Day, Year)	
Mother's Address					Mother's Phone Number	
Mother's Place of Birth - City, State			Race (Circle) American Indian, Black, White, Asian If Other, List:		Mother's Social Security Number	
Mother's Employer - Name & Address					Mother's Occupation	
Was Mother Married at Time of Birth Circle One:      Yes      No		If Yes, Name and Address of Husband				
Does Mother Have Health Insurance Circle One:      Yes      No		If Yes, Name of Insurance Company and Policy No.			State Medicaid: Circle One:                      Yes      No	

Name of Father - First, Middle, Last				Date of Birth - (Month, Day, Year)	
Father's Address					Father's Phone Number
Father's Place of Birth - City, State			Race (Circle) American Indian, Black, White, Asian		Father's Social Security Number
			If Other, List:		
Father's Employer - Name & Address				Father's Occupation	
Father's Guardian (If Father under age 18) Print Name		Guardian's Address		Guardian's Signature	
Does Father Have Health Insurance		If Yes, Name of Insurance Company and Policy No			
Circle One:      Yes      No					

**MOTHER:** I certify that I am the MOTHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this Affidavit voluntarily and of my own free will. I acknowledge that the man named above is the biological father of my child. I give my consent to have his name appear on the Certificate of Birth of my child. I declare and affirm that I am not married and that I have not been married in the past 300 days. I further acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

State Notary Registration Number \_\_\_\_\_ My Commission Expires on \_\_\_\_\_

## NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES

This is a legal document. Signing the form is voluntary. Since this form has legal consequences, you may want to consult an attorney before signing.

When this Acknowledgement is properly completed and signed, the biological father's name is entered on the birth certificate in place of the name of the husband of the mother and the man becomes the legal father of the child. This acknowledgement has the same effect as a court order establishing paternity and can be used as a basis for entering a child support order.

If either of you is not sure that this man is the biological father of this child, you should not sign the form. You should have a genetic test.

**Mothers who are married to someone other than the biological father or were married to someone other than the father when the child was conceived, or have been divorced for less than three hundred days cannot use this form. Ask your hospital representative for a three-party Acknowledgement of Paternity Affidavit.**

### RIGHTS AND RESPONSIBILITIES OF A PARENT

- Either party has the right to request a genetic test to determine if the alleged father is the biological father of the child.
- The alleged father has the right to consult an attorney before signing an acknowledgement of paternity.
- If the alleged father does not acknowledge the child, the mother has the right to file a paternity suit to establish paternity. After the alleged father signs an acknowledgement of paternity, he has the right to pursue visitation with the child and the right to petition for custody.
- Once an acknowledgement of paternity is signed, the father may be obligated to provide child support for the child. Once an acknowledgement of paternity is signed, the child will have inheritance rights and any rights afforded children born in wedlock.
- A party who executed a notarial act of acknowledgement may rescind the act, without cause, before the earlier of the following:
  - Sixty days after the signing of the act, in a court hearing for the limited purpose of rescinding the acknowledgment.
  - A court hearing relating to the child, including a child support proceeding, in which the father is involved.

Thereafter, the acknowledgement of paternity may be voided only upon proof, by clear and convincing evidence, that such act was induced by fraud, duress, or material mistake of fact, or that the father is not the biological father.

### BENEFITS FOR YOUR CHILD

Every child has the right to know his or her mother and father and benefit from a relationship with both parents.

Both of your names will appear on the child's birth certificate.

It will be easier for your child to learn medical histories of both parents and to benefit from health care coverage available to you.

It will be easier for your child to receive benefits such as dependent or survivor's benefits from the Veteran's Administration or from the Social Security Administration as well as share any estate should you die.

To indicate that you have read and understood this notice of alternatives, rights and responsibilities, please initial below. If you require further assistance you may call us at (504) 593 - 5100.

Mother's Initials \_\_\_\_\_

Father's Initials \_\_\_\_\_